

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

AUG 26 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0229
Date:	9-2-22
Amount Paid:	
Other:	
Refund:	

ENTERED
8-29-22
440

117 EAST 5TH ST
INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: CABLE UNION AIRPORT		Mailing Address: PO Box 248	City/State/Zip: CABLE, WI 54821
Address of Property: 42905 TELEMARK RD. #2		City/State/Zip: CABLE WI 54821	Telephone: 715 798 3240
Email: (print clearly) garceau.joe@gmail.com			Cell Phone:
Contractor: LESTER BUILDINGS		Contractor Phone:	Plumber: ANDREW RASMUSSEN
Authorized Agent: (Person Signing Application on behalf of Owner(s)) JOSEPH GARCEAU		Agent Phone: 630 404 5057	Plumber Phone: 715 798 3355
Agent Mailing Address (include City/State/Zip): 8153 N. WOODLAND DRIVE RD., HAYWARD WI. 54843		Written Authorization Required (for Agent)	
PROJECT LOCATION	Legal Description: (Use Tax Statement) HANGAR	Tax ID# 8958	Recorded Document: (Showing Ownership)
SW 1/4, NE 1/4	Gov't Lot N/A	Lot(s) # 2	CSM N/A
	Vol & Page N/A	CSM Doc # N/A	Lot(s) # N/A
	Block # N/A	Subdivision: CABLE UNION AIRPORT	Lot Size
Section 21	Township 43 N, Range 7 W	Town of: CABLE	Acreage

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? NO If yes--continue →	Distance Structure is from Shoreline: NA feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage NO If yes--continue →	Distance Structure is from Shoreline: NA feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$172,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: HOLDINGS TANK	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 60	Width: 60	Height: 29'4"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	with a Deck	(X)	
	with (2nd) Deck	(X)	
	with Attached Garage	(X)	
<input checked="" type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Accessory Building (explain)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input checked="" type="checkbox"/> Other: (explain) AIRPLANE HANGAR	(60 X 60)	3,600

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JOSEPH K. GARCEAU, Commissioner Chair
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: JULY 12, 2022

Authorized Agent: JOSEPH GARCEAU (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: JULY 12, 2022

Address to send permit 8153 N WOODLAND DRIVE RD, HAYWARD WI 54843

EMAIL Permit To: garceau.joe@gmail.com

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

SEE ATTACHMENTS #1 & #2

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	1087 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	1057 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	1000 Feet		
Setback from the South Lot Line	≥ 3028 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	≥ 4114 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	742 Feet	Elevation of Floodplain	N/A Feet
	AND > 2' FROM LOT LINE		
Setback to Septic Tank or Holding Tank > 5' FROM BUILDING	Feet	Setback to Well	100 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #:		Permit Date:					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection Record:				Zoning District (A-RB)			
				Lakes Classification (N/A)			
Date of Inspection:		8/25/22		Inspected by:		MP	
						Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
- Storage NOT for Human Habitation or Sleeping							
- If pressurized water enters the structure get required septic permits							
Signature of Inspector:						Date of Approval:	
MP						9/1/22	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

SEE TAXIWAY A PLAN AND PROFILE SHEETS 4.00

10'X10' RIP RAP

INFILTRATION AREA 1
FG 1338.50

56 LF CULVERT PIPE, 15 INCH RC,
2 EA APRON ENDWALLS, 15 INCH, RC
N INV 1338.82
S INV 1339.00

FG 1341.74

FG 1341.5

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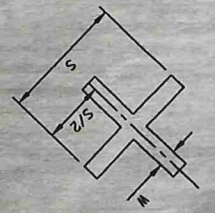
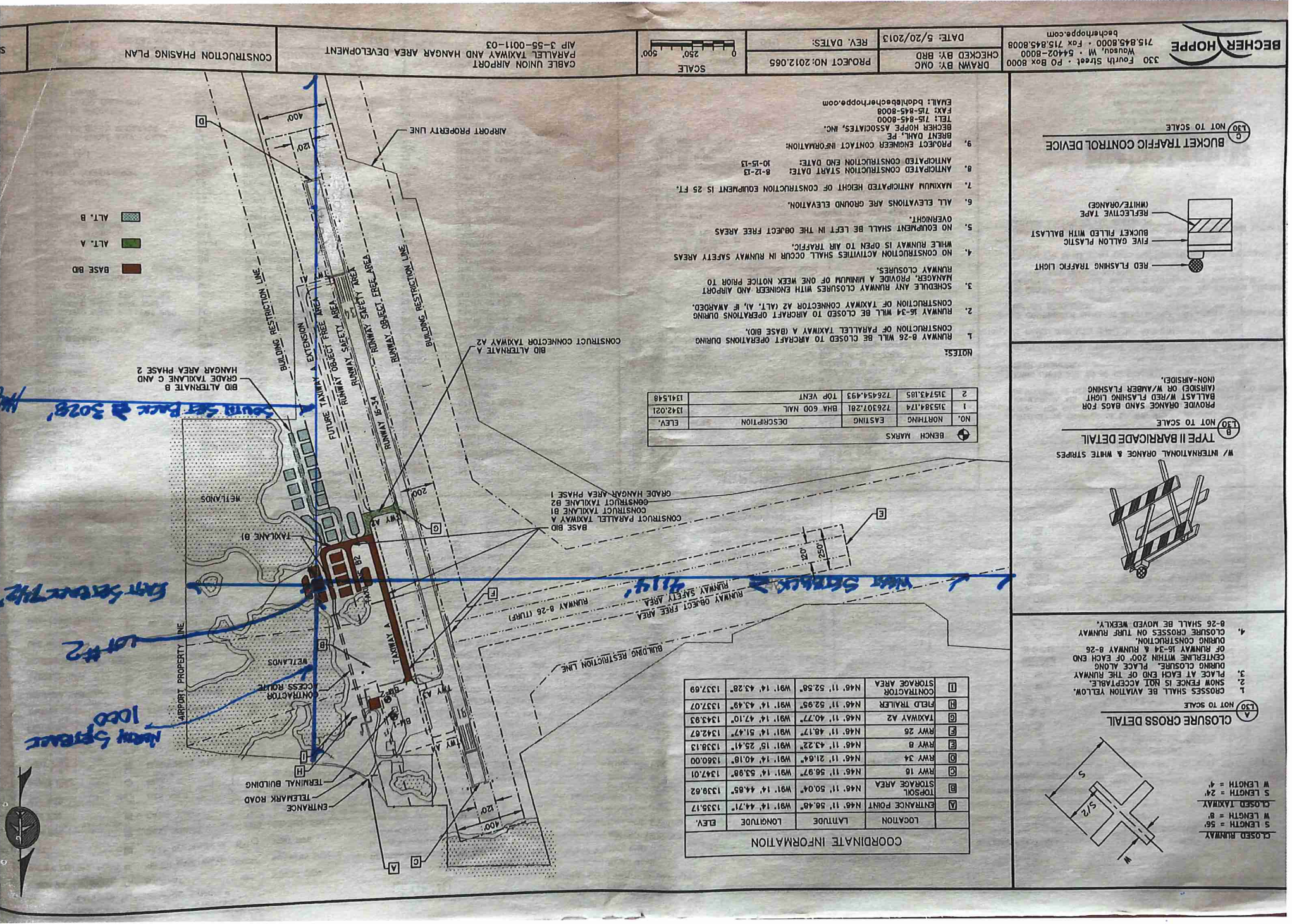
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	330 Fourth Street • PO Box 8000 Wausau, WI • 54402-8000 715.845.8000 • Fax 715.845.8008 becherhoppe.com	DRAWN BY: OMC CHECKED BY: BRD	PROJECT NO: 2012.085	SCALE 	CABLE UNION AIRPORT PARALLEL TAXIWAY AND HANGAR AREA DEVELOPMENT AIP 3-55-0011-03	GRADING AND DRAINAGE PLAN	SHEET 3.31
		DATE: 5/20/2013	REV. DATES:				

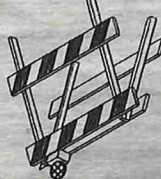
LOT 2



CLOSED, RUNWAY
W LENGTH = 56'
S LENGTH = 8'
CLOSED, TAXIWAY
S LENGTH = 24'
W LENGTH = 4'

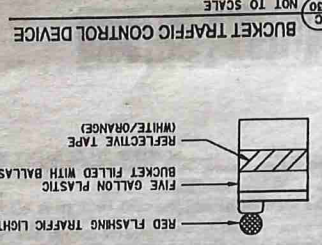
CLOSURE CROSS DETAIL

- CLOSURES SHALL BE AVIATION YELLOW.
- SHOW FENCE IS NOT ACCEPTABLE.
- PLACE AT EACH END OF THE RUNWAY DURING CLOSURE. PLACE ALONG CENTERLINE WITHIN 200' OF EACH END OF RUNWAY 16-34 & RUNWAY 8-26 DURING CONSTRUCTION.
- 8-26 SHALL BE MOVED WEEKLY.



W/ INTERNATIONAL ORANGE & WHITE STRIPES
TYPE II BARRICADE DETAIL

PROVIDE ORANGE SAND BAGS FOR BALLAST W/RED FLASHING LIGHT (INSIDE) OR W/AMBER FLASHING (NON-AMSIDE).



BUCKET TRAFFIC CONTROL DEVICE

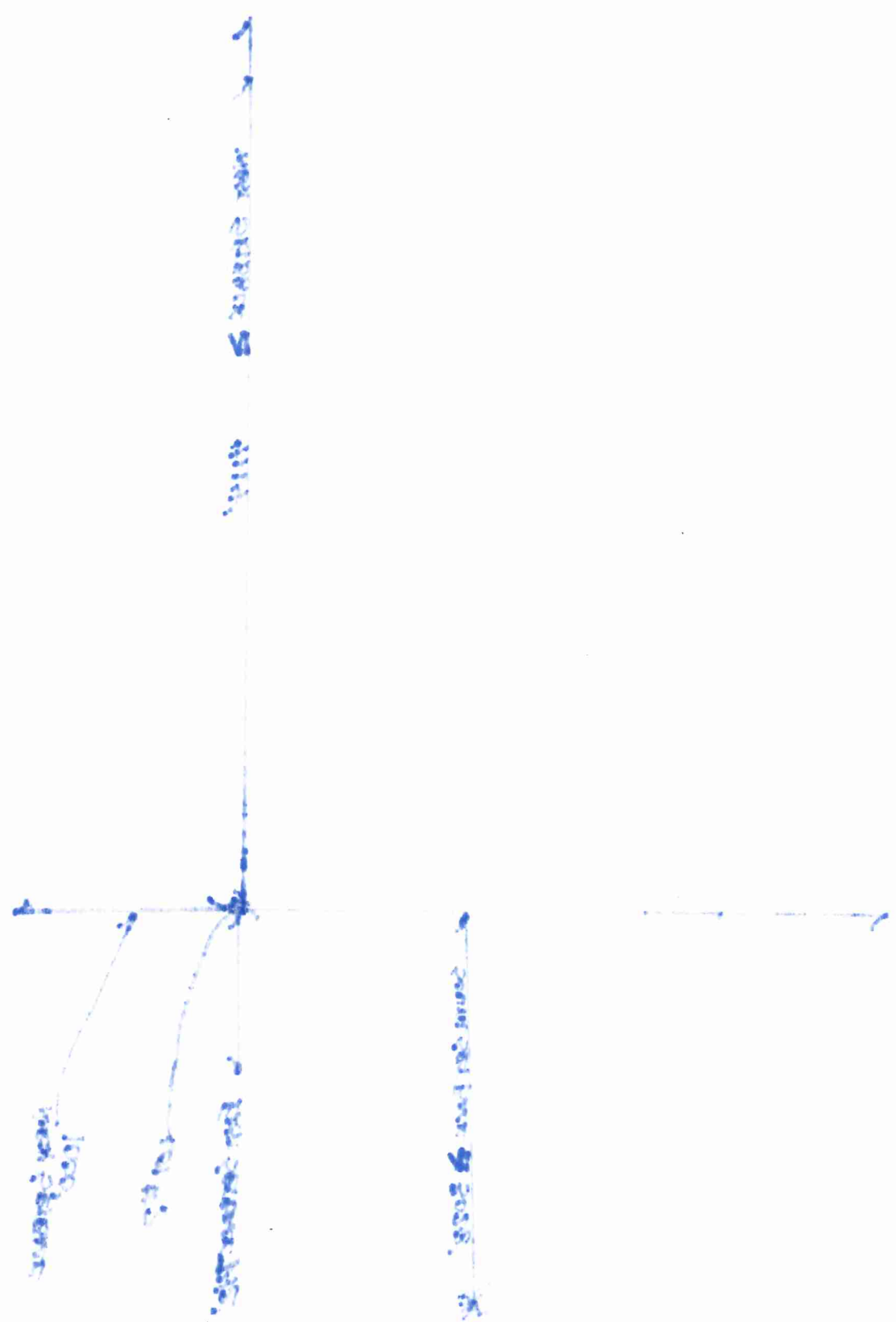
BECHER HOPPE
330 Fourth Street • PO Box 8000
Wausau, WI • 54402-8000
715.845.8000 • Fax 715.845.8008
becherhoppe.com

DRAWN BY: OMC
CHECKED BY: BRD
REV. DATES:
PROJECT NO. 2012.065

SCALE
0 250' 500'

CABLE UNION AIRPORT
PARALLEL TAXIWAY AND HANGAR AREA DEVELOPMENT
AIP 3-55-0011-03
CONSTRUCTION PHASING PLAN

24



Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTUCTION

No. 22-0229 Issued To: Union Airport (Joseph & Lora Garceau)

Location: SW ¼ of NE ¼ Section 21 Township 43 N. Range 7 W. Town of Cable

Gov’t Lot Lot Block Subdivision CSM#

Municipal Structure in R-RB zoning district
For: Accessory: [1- Story]; Airplane Hangar (60’ x 60’) = 3,600 sq. ft.] Height of 29.4’

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks including eaves and overhangs. Storage—Not for Human Habitation or Sleeping Purposes. If pressurized water enters the structure a sanitary permit is required prior. Town/State/DNR permits may be required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

September 2, 2022

Date